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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/528,085
		Filing Date	9/26/2005
		First Named Inventor	Crudace
		Group Art Unit	1709
		Examiner Name	Doe, Shanta G.
Total Number of Pages in This Submission		Attorney Docket Number	D-3196

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed Name	Linda Allyson Fox		
Date	Dec 26, 2007	Reg. No.	38,883

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	JANET McGHEE	Date	12/26/07

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FEE TRANSMITTAL

for FY 2005

Patent fees are subject to annual revision.

<input checked="" type="checkbox"/> Application claims small entity status. See 37 CFR 1.27	Art Unit	1709	
TOTAL AMOUNT OF PAYMENT (\$)	230.	Attorney Docket No.	D-3196

METHOD OF PAYMENT (*check all that apply*)

- Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 21-0890 Deposit Account Name Frank J. Uxa

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) associated with this communication Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

EEF CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

FILING FEES		SEARCH FEES		EXAMINATION FEES	
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Utility	300	150	500	250	200
Design	200	100	100	50	130
Plant	200	100	300	150	160
Reissue	300	150	500	250	600
Provisional	200	100	0	0	0
Subtotal (1)					0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or , for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple Dependent Claims

Total Claims	Extra Claims	Fees (\$)	Fees P.M.D. (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP	= x		
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
Cost HP	x		

HP = highest number of independent claims paid for, if greater than 3

Subtotal (2) 0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 =	/50 =	(round up to a whole number)	x	=
			Subtotal (3)	0

4. OTHER FEE(S)

- Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)
 - Non-English Specification: \$130 fee (no small entity discount)
 - 1-month extension of time: \$120 fee (\$60 small entity discount)
 - 2-month extension of time: \$460 fee (\$230 small entity discount)
 - 3-month extension of time: \$1020 fee (\$510 small entity discount)
 - 4-month extension of time: \$1590 fee (\$795 small entity discount)
 - 5-month extension of time: \$2160 fee (\$1080 small entity discount)
 - Information Disclosure Statement Fee: \$180 fee (no small entity discount)
 - Notice of Appeal: \$500 fee (\$250 small entity discount)
 - Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)
 - Request for Oral Hearing: \$1000 fee (\$500 small entity discount)
 - Utility Issue Fee: \$1400 fee (\$700 small entity discount)
 - Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)
 - Request for Continued Examination: \$790 fee (\$395 small entity discount)
 - Other:

Subtotal (4) 230

SUBMITTED BY

Name (Print/Type)	Linda Allyson Fox	Registration No. (Attorney/Agent)	38,883	Telephone	949-450-1750
Signature				Date	Dec 26, 2007